## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

## METHODS AND DEVICES FOR CUTTING AND COLLECTING SOFT TISSUE

		Regular Design Application				
	the spe	the specification of which:				
		is attached hereto. was filed on as application Serial No				
PCT F	TLED A	PPLICATION ENTERING NATIONAL STAGE				
		was described and claimed in International application  No filed on and as amended  on (if any).				
	I hereb ication, i	DGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR y state that I have reviewed and understood the contents of the above-identified including the claims, as amended by any amendment referred to above. Sowledge the duty to disclose information  Which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56				
	$\boxtimes$	and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and				
		In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98				

# PRIORITY CLAIM

patent or in	ventor's certificate listed be r inventor's certificate havir	low and have also identifie	of any foreign application(s) for ed below any foreign application of the application on which					
PRIOR FO	REIGN APPLICATION(S)							
Country	Application Number	Date of Filing (day, month, year)	Priority Claimed					
(Complete this part only if this is a continuing application.)  I hereby claim the benefit under 35 USC 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 USC 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:  Application Serial No.:  Filing Date:								
Status-pater	nted, pending, abandoned:							
I hereby claim benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:								
Application Filing Date	Serial No.:							

### **POWER OF ATTORNEY**

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: **ALAN W. YOUNG, Reg. No. 37,970,** of YOUNG LAW FIRM, P.C. 4370 Alpine Road, Suite 106, Portola Valley CA 94028

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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